



**Health Service**  
LOS ANGELES COUNTY

**Los Angeles County  
Board of Supervisors**

May 6, 2009

**Gloria Molina**  
First District


**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.   
Interim Director

SUBJECT: **DHS PARTICIPATION IN MEDICARE MODERNIZATION  
ACT (MMA) SECTION 1011 PROGRAM**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

This is to advise you that on April 21, 2009, the Centers for Medicare and Medicaid Services (CMS) notified all MMA Section 1011 program providers (through its fiscal intermediary) that the program has been extended one additional quarter (Third Quarter FFY 2009) to include new eligible dates of service for the period April 1, 2009 through June 30, 2009. Our last status report to your Board, dated April 10, 2009 (attached), indicated that the CMS fiscal intermediary had reported that there was no information regarding further extensions of the program.

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

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Our next status report on the Department's participation in the Section 1011 program will be provided by July 15, 2009.

Please let me know if you have questions or require additional information.

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

JFS:lg (1FORD\WMA SEC 1011\BOARD STATUS REPORTS\INTERIM REPORT (04-27-09)

Attachment

*To improve health  
through leadership,  
service and education.*

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



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**Health Service**  
LOS ANGELES COUNTY

April 10, 2009

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Board of Supervisors**

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TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.   
Interim Director

SUBJECT: **DHS PARTICIPATION IN MEDICARE MODERNIZATION  
ACT (MMA) SECTION 1011 PROGRAM**

On January 19, 2006, the Department submitted its first status report on our progress to enroll and participate in the MMA Section 1011 program which provides partial federal reimbursement for emergency services provided to undocumented immigrants. This is the latest in a series of periodic reports to inform your Board of our participation in this program.

On February 25, 2009, the Department received approximately \$2.3 million in reimbursement for Section 1011 program services provided during the Third Quarter of Federal Fiscal Year (FFY) 2008. This exceeds the reimbursement for the previous quarter and is the largest single quarter reimbursement since the Third Quarter FFY 2006. Total Section 1011 program reimbursement to date (for the twelve participating quarters) exceeds \$25.3 million. Please see the attached Section 1011 billing and reimbursement schedule for more information.

As discussed in previous reports, the Section 1011 program was scheduled to terminate effective September 30, 2008 but was extended by the Centers for Medicare and Medicaid Services (CMS) for two additional quarters (First and Second Quarters of FFY 2009) for dates of service through March 31, 2009. The CMS fiscal intermediary has reported there is no information regarding further extensions of the program. The Department, however, will continue its billing activities through September 27, 2009 which is the date all billings for the Second Quarter FFY 2009 (final quarter of participation) must be submitted to the program fiscal intermediary.

The Department will continue to provide periodic reports to the Board on its participation in the Section 1011 program.

Please let me know if you have questions or require additional information.

JFS:lg (1FORD\MMA SEC 1011\BOARD STATUS REPORTS\FINAL REPORTS\STATUS REPORT NO. 15 (04-10-09)  
610:001

Attachment

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



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**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES**  
**MMA SECTION 1011 BILLING AND REIMBURSEMENT SUMMARY**  
**Fourth Quarter FFY 2005 – Third Quarter FFY 2008**  
**(Dates of Service July 1, 2005 through June 30, 2008)**

<b>Federal Fiscal Year (Quarter)</b>	<b>Dates of Service</b>	<b>Total Claims Submitted</b>	<b>Total Gross Charges (Billed)</b>	<b>Total Billed Days</b>	<b>Average Reimbursement/Claim</b>	<b>Payment Date</b>	<b>Total Reimbursement<sup>1</sup></b>
Fourth Quarter FFY 2005	July 1, 2005 to September 30, 2005	903	\$12,412,965	1,683	\$2,619	May 29, 2006	\$2,364,836 <sup>2</sup>
First Quarter FFY 2006	October 1, 2005 to December 30, 2005	1,417	\$15,225,675	2,194	\$1,705	August 28, 2006	\$2,416,185 <sup>2</sup>
Second Quarter FFY 2006	January 1, 2006 to March 31, 2006	1,048	\$11,930,683	1,714	\$2,974	November 27, 2006	\$3,117,348 <sup>2</sup>
Third Quarter FFY 2006	April 1, 2006 to June 30, 2006	921	\$13,366,513	1,826	\$3,466	February 26, 2007	\$3,191,822 <sup>2</sup>
Fourth Quarter FFY 2006	July 1, 2006 to September 30, 2006	838	\$ 9,747,851	1,449	\$2,499	May 28, 2007	\$2,094,219 <sup>2</sup>
First Quarter FFY 2007	October 1, 2006 to December 31, 2006	467	\$ 5,851,230	818	\$2,765	August 28, 2007	\$1,291,042 <sup>2</sup>
Second Quarter FFY 2007	January 1, 2007 to March 31, 2007	440	\$ 6,169,519	830	\$2,752	November 26, 2007	\$1,210,679 <sup>2</sup>
Third Quarter FFY 2007	April 1, 2007 to June 30, 2007	679	\$8,693,288	1,223	\$2,383	February 25, 2008	\$1,618,228 <sup>2</sup>
Fourth Quarter FFY 2007	July 1, 2007 to September 30, 2007	605	\$7,602,583	1,094	\$2,650	May 27, 2008	\$1,603,430 <sup>2</sup>
First Quarter FFY 2008	October 1, 2007 to December 31, 2007	809	\$9,240,400	1,414	\$2,438	August 27, 2008	\$1,972,106 <sup>2</sup>
Second Quarter FFY 2008	January 1, 2008 to March 31, 2008	772	\$9,212,098	1,365	\$2,778	November 26, 2008	\$2,144,970 <sup>2</sup>
Third Quarter FFY 2008	April 1, 2008 to June 30, 2008	875	\$9,872,925	1,501	\$2,607	February 25, 2009	\$2,280,955 <sup>2</sup>
<b>Total-to-Date</b>		<b>9,774</b>	<b>\$119,325,730</b>	<b>17,111</b>	<b>\$2,589</b>	<b>Total all Quarters</b>	<b>\$25,305,820<sup>3</sup></b>

1. Reimbursement includes inpatient and outpatient ER hospital services as well as psychiatric ER services and is based on a combined Medicare Cost Report-TrailBlazer methodology which has provided an average reimbursement rate to date of 21.21%
2. Paid claims are subject to eligibility compliance and medical review that can result in repayment of a paid claim denied by TrailBlazer as part of its compliance and medical review final determination process
3. If it is determined that provisions of the proposed State Medi-Cal Redesign (or other reform proposals) preclude claiming for Section 1011 services the Department will make arrangements to return some or all of the Section 1011 payments received